

CHARLES EDWARD WIMES  
GWENDOLYN GILLINS WIMES

B-06-80336 C-13D

## C E R T I F I C A T E      O F      M A I L I N G

I, Melissa Lloyd, Chapter 13 Clerk in the Standing Trustee's office, Durham, North Carolina, do hereby certify that on this date I mailed a copy of a section 341 meeting of creditors notice and three claim forms to:

Claim Number 0048	QUEST DIAGNOSTICS P O BOX 3010 SOUTHWESTERN PA 19398-3010 (NOTIFIED 07/28/06) Account Number 3787289001
Scheduled Amount \$ 215.18	
Claim Number 0049	DURHAM COUNTY EMER MED SERVICE 402 STADIUM DRIVE DURHAM NC 27704 (NOTIFIED 07/28/06) Account Number PAT-067420
Scheduled Amount \$ 239.20	
Claim Number 0050	DURHAM RADIOLOGY ASSOCIATION P O BOX 13166 ROANOKE VA 24031-3166 (NOTIFIED 07/28/06) Account Number GEMDUR*484*5377122
Scheduled Amount \$ 13.02	
Claim Number 0051	DURHAM REGIONAL HOSPITAL 3643 NORTH ROXBORO STREET DURHAM NC 27704 (NOTIFIED 07/28/06) Account Number 5369522,5377122
Scheduled Amount \$ 1,359.45	

I hereby give notice of this creditor to the Office of the Clerk of the U. S. Bankruptcy Court by forwarding this Certificate of Mailing.

This the 28th of July, 2006.

s/ Melissa Lloyd

cc: JOHN T ORCUTT  
File